Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF WISCONSIN	-	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

t 1: Identify Yourself			
	About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
Your full name			
Write the name that is on your government-issued	Michael First name		First name
example, your driver's license or passport).	W Middle name		Middle name
Bring your picture identification to your	Kaul Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)
meeting with the trustee.			
All other names you have used in the last 8 years			
Include your married or maiden names.			
Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-5500		
	Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number About Debtor 1: Michael First name W Middle name Kaul Last name and Suffix (Sr., Jr., II, III) xxx-xx-5500	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Kaul Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number About Debtor 1: Michael First name W Middle name Kaul Last name and Suffix (Sr., Jr., II, III)

Debtor 1 Michael W Kaul

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live	1306 Berken St.	If Debtor 2 lives at a different address:
		Appleton, WI 54915 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Outagamie	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Deb	otor 1 Michael W Kaul				Case number (if known)	
Par	t 2: Tell the Court About	Your Bankruptcy C	ase			
7.	The chapter of the Bankruptcy Code you are		orief description of each, see		oy 11 U.S.C. § 342(b) for Individuals Filing for Bankru iate box.	ıptcy
	choosing to file under	Chapter 7				
		☐ Chapter 11				
		☐ Chapter 12				
		☐ Chapter 13				
8.	How you will pay the fee	about how yo	ou may pay. Typically, if you attorney is submitting your p	are paying the fee	eck with the clerk's office in your local court for more yourself, you may pay with cash, cashier's check, or chalf, your attorney may pay with a credit card or che	money
			y the fee in installments. If see in Installments (Official Fo		otion, sign and attach the Application for Individuals t	o Pay
		☐ I request the but is not rec	at my fee be waived (You multiple) at my fee be waived (You multiple) and	ay request this opti	ion only if you are filing for Chapter 7. By law, a judg your income is less than 150% of the official poverty in installments). If you choose this option, you must	line that
					fficial Form 103B) and file it with your petition.	041
9.	Have you filed for bankruptcy within the	■ No.				
	last 8 years?	☐ Yes.				
		District		When	Case number	
		District		When	Case number	
		District		When	Case number	
10.	Are any bankruptcy cases pending or being	■ No				
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.				
		Debtor			Relationship to you	
		District		When	Case number, if known	
		Debtor			Relationship to you	
		District		When	Case number, if known	
11.	Do you rent your residence?	■ No. Go to	line 12.			
	- -	☐ Yes. Has ye	our landlord obtained an evic	tion judgment agair	nst you?	
			No. Go to line 12.			
			Yes. Fill out <i>Initial Statementhis</i> bankruptcy petition.	nt About an Eviction	n Judgment Against You (Form 101A) and file it as p	art of

Deb	otor 1 Michael W Kaul				Case number (if known)
Par	Report About Any Bu	sinesses	You Ow	n as a Sole Proprie	tor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Nam	e and location of bus	siness
	A sole proprietorship is a				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Num	ber, Street, City, Stat	te & ZIP Code
	it to this petition.		Chec	k the appropriate bo	ox to describe your business:
				Health Care Busir	ness (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))
				None of the above	9
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline	s. If you ins, cash-	ndicate that you are flow statement, and f	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of rederal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small	■ No.	I am	not filing under Chap	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am	filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	Report if You Own or	Have Any	y Hazard	ous Property or An	y Property That Needs Immediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to	■ No. □ Yes.	What is	the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?			diate attention is , why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where	is the property?	
	0 · · · · · · · · · · · ·				Number, Street, City, State & Zip Code

Debtor 1 Michael W Kaul Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 Michael W Kaul			Case number (if	known)
Par	t 6: Answer These Questi	ions for R	eporting Purposes		
16.	What kind of debts do you have?	16a.	Are your debts primarily consuindividual primarily for a personal	imer debts? Consumer debts are defined , family, or household purpose."	in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.		ess debts? Business debts are debts that ent or through the operation of the busines	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you owe the	hat are not consumer debts or business de	ebts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. G	so to line 18.	
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will	■ Yes.	are paid that funds will be availab	ou estimate that after any exempt property le to distribute to unsecured creditors?	is excluded and administrative expenses
	be available for distribution to unsecured creditors?		☐ Yes		
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-19 □ 200-99	99	□ 1,000-5,000 □ 5001-10,000 □ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000
19.	How much do you estimate your assets to be worth?	\$100,0	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion
20.	How much do you estimate your liabilities to be?	\$100,0	50,000 101 - \$100,000 1001 - \$500,000 1001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion
Par	7: Sign Below				
For	you	I have ex	amined this petition, and I declare	under penalty of perjury that the information	on provided is true and correct.
				m aware that I may proceed, if eligible, und available under each chapter, and I choos	
				ay or agree to pay someone who is not an tice required by 11 U.S.C. § 342(b).	attorney to help me fill out this
		I request	relief in accordance with the chapt	ter of title 11, United States Code, specifie	d in this petition.
		bankrupto and 3571	cy case can result in fines up to \$2	cealing property, or obtaining money or pr 50,000, or imprisonment for up to 20 year	
		Michael	W Kaul e of Debtor 1	Signature of Debtor 2	
		Executed	June 14, 2019 MM / DD / YYYY	Executed on MM / D	D/YYYY

Debtor 1 Michael W Kaul	Case number (if known)	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David Pietrek	Date June 14, 2019
Signature of Attorney for Debtor	MM / DD / YYYY
David Pietrek	
Printed name	
Debt Advisors, SC	
Firm name	
2600 N. Mayfair Road	
Suite 700	
Milwaukee, WI 53226	
Number, Street, City, State & ZIP Code	
Contact phone 414-755-2400	Email address
1045761 WI	
Bar number & State	

Fill in	this information to identify your case:		
Debto			
	First Name Middle Name Last Name		
Debto (Spous	r 2 if, filing) First Name Middle Name Last Name		
Unite	States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN		
Case	number		
(if know		_	Check if this is an mended filing
		a	interiaea illing
∩ffi	cial Form 106Sum		
	mary of Your Assets and Liabilities and Certain Statistical Information		12/15
inform	complete and accurate as possible. If two married people are filing together, both are equally responsible for ation. Fill out all of your schedules first; then complete the information on this form. If you are filing amende riginal forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. Summarize Your Assets		
			our assets llue of what you own
1.	Schedule A/B: Property (Official Form 106A/B) a. Copy line 55, Total real estate, from Schedule A/B	\$	138,100.00
	b. Copy line 62, Total personal property, from Schedule A/B	\$	15,277.00
	c. Copy line 63, Total of all property on Schedule A/B	\$	153,377.00
Part 2	Summarize Your Liabilities		
			our liabilities nount you owe
	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	149,205.62
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	50,154.00
;	8b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	94,170.30
	Your total liabilities	\$	293,529.92
Part 3	Summarize Your Income and Expenses		
	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,255.00
	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,351.00
Part 4	Answer These Questions for Administrative and Statistical Records		
	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır othe	er schedules.
7.	■ Yes What kind of debt do you have?		
	Vour dabte are primarily concurred dabte. Consumer dabte are those "incurred by an individual primarily for a		and family an

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

1 0

Page 8 of 66

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,853.87

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	50,154.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	19,405.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	69,559.00

Best Case Bankruptcy

6A/B B: Property st and describe items. Lete and accurate as posneeded, attach a separatelence, Building, Land, or	ist an asset o sible. If two me sheet to this r Other Real E	Last Name Last Name T OF WISCONSIN Only once. If an asset fits in more than narried people are filing together, both is form. On the top of any additional pa	are equally responsible for	supplying correct
6A/B B: Property st and describe items. Lete and accurate as posneeded, attach a separatelence, Building, Land, or	iddle Name RN DISTRIC ist an asset of sible. If two mates the to this of the control of the co	Last Name T OF WISCONSIN In the second of t	are equally responsible for	amended filing 12/15 in the category where you supplying correct
6A/B B: Property st and describe items. Lete and accurate as poseeded, attach a separatelence, Building, Land, or	ist an asset o sible. If two mesheet to this	only once. If an asset fits in more than narried people are filing together, both s form. On the top of any additional pa	are equally responsible for	amended filing 12/15 in the category where you supplying correct
6A/B B: Property st and describe items. Lete and accurate as poseeded, attach a separatelence, Building, Land, or	ist an asset o sible. If two me sheet to this r Other Real E	only once. If an asset fits in more than narried people are filing together, both s form. On the top of any additional pa	are equally responsible for	amended filing 12/15 in the category where you supplying correct
st and describe items. Lete and accurate as posneeded, attach a separatelence, Building, Land, or	ist an asset o sible. If two m te sheet to this r Other Real E	narried people are filing together, both s form. On the top of any additional pa	are equally responsible for	amended filing 12/15 in the category where you supplying correct
st and describe items. Lete and accurate as posneeded, attach a separatelence, Building, Land, or	ist an asset o sible. If two m te sheet to this r Other Real E	narried people are filing together, both s form. On the top of any additional pa	are equally responsible for	12/15 in the category where you supplying correct
st and describe items. L ete and accurate as pos needed, attach a separat lence, Building, Land, or	ist an asset o sible. If two m te sheet to this r Other Real E	narried people are filing together, both s form. On the top of any additional pa	are equally responsible for	supplying correct
ty?	in any residei	nce, building, land, or similar property?	,	
other description	_ ■	Single-family home Duplex or multi-unit building	the amount of any seco	claims or exemptions. Put ured claims on Schedule D: laims Secured by Property.
WI 54915-0000 State ZIP Code	<u> </u>	Land	Current value of the entire property? \$138,100.00	Current value of the portion you own?
	Who ha	Other Check one	(such as fee simple, t a life estate), if knowi	of your ownership interest tenancy by the entireties, o n.
	_	·		
	Other i	At least one of the debtors and another information you wish to add about this	(see instructions)	ommunity property
		what is rother description WI 54915-0000 State ZIP Code Who h	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another	What is the property? Check all that apply Single-family home Do not deduct secured the amount of any secured the amount

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

otor 1 N	lichael W Kaul			Case number (if known)	
ars, vans,	trucks, tractors,	, sport utility vel	hicles, motorcycles		
l No					
_					
res					
1 Make:	Ford		Who has an interest in the property? Check one		ured claims or exemptions. Put
Model:	Fusion		_		secured claims on Schedule D: ve Claims Secured by Property.
Year:	2015		Debtor 2 only	Current value of	the Current value of the
Approxir	nate mileage:	46,000	☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?
Other inf	formation:		\square At least one of the debtors and another		
			☐ Check if this is community property (see instructions)	\$10,575	\$10,575.00
					\$10,575.00
you own o	or nave any legal	or equitable int	erest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
Examples:			china, kitchenware		
	scribe				
	Lo Ru \$4	ove Seat \$30; I ugs \$60; Lawn l00; Freezer \$5	Bedroom Set \$350; Kitchen Set \$40; Lai Mower \$ 30; Snow Blower \$120; Refriç	mps \$30; gerator	\$1,735.00
Examples: □ No	Televisions and ra including cell pho			inters, scanners; music c	ollections; electronic devices
	\		levieien #400 DVD #00 O II I		#000.00
	E	ectronics: [e	ievision זטט; טעט \$20; Celiphone \$100	J	\$220.00
Examples:	Antiques and figu			r art objects; stamp, coin,	or baseball card collections;
No					
☐ Yes. De	scribe				
Examples:	Sports, photograp	hic, exercise, an	d other hobby equipment; bicycles, pool tables,	golf clubs, skis; canoes	and kayaks; carpentry tools;
_	scribe				
	No Yes Make: Model: Year: Approxin Other inf Vatercraft, xamples: B No Yes Add the do pages you The pages	Make: Ford Model: Fusion Year: 2015 Approximate mileage: Other information: Vatercraft, aircraft, motor hamples: Boats, trailers, motor hamples: Boats, trailers, motor hamples: Boats, trailers, motor hamples: Major appliances, No No Yes. Describe Collectibles of value Examples: Antiques and figure other collections, No Yes. Describe Ecollectibles of value Examples: Antiques and figure other collections, No Yes. Describe Equipment for sports and hamples: Sports, photograp musical instruments.	Make: Ford Model: Fusion Year: 2015 Approximate mileage: 46,000 Other information: Watercraft, aircraft, motor homes, ATVs an xamples: Boats, trailers, motors, personal water personal water personal and Household trailing to the portion you own ages you have attached for Part 2. Write the process of the portion you own ages you have attached for Part 2. Write the process of the portion you own ages you have attached for Part 2. Write the process of the process of the portion you own ages you have attached for Part 2. Write the process of t	Make: Ford	Make: Ford

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Official Form 106A/B

page 2
Best Case Bankruptcy

Schedule A/B: Property

De	ebtor 1	Michael W K	aul	Case num	nber (if known)	
10.	Firearm		a photoura ammunitian and	related agricoment		
	■ No	nes: Pistois, fifies	s, shotguns, ammunition, and	related equipment		
	_	Describe				
11.	Clothes		othes, furs, leather coats, des	igner wear, shoes, accessories		
	□ No	,,,,,,	, ,	3		
	Yes.	Describe				
			Clothes			\$300.00
12.	□ No		welry, costume jewelry, enga	gement rings, wedding rings, heirloom jewelry, wat	tches, gems, gold, silver	
			Misc Jewelry		\$1	,900.00
13.		rm animals				
	_	oles: Dogs, cats, b	birds, horses			
	■ No □ Yes.	Describe				
			d b	not almostic list in alculing any bookly side year.	alial mass lins	
14.	■ No	ier personal and	u nousenoia items you aid	not already list, including any health aids you o	aid flot fist	
		Give specific info	ormation			
		·				
15				art 3, including any entries for pages you have	e attached \$4,15	5.00
		scribe Your Finance				
Do	o you ow	n or have any le	egal or equitable interest in	any of the following?	Current value of portion you ow Do not deduct so claims or exemp	n? ecured
16.	□ No		nave in your wallet, in your ho	ome, in a safe deposit box, and on hand when you	file your petition	
				Cash	<u> </u>	\$23.00
	Examp			ounts; certificates of deposit; shares in credit union with the same institution, list each.	ns, brokerage houses, and other sim	ilar
	□ No			Institution name:		
	■ Yes			institution name.		
			17.1. Checking	Associated Bank		\$524.00
18.	Bonds,	mutual funds, o	or publicly traded stocks investment accounts with bro	okerage firms, money market accounts		
	■ No					
	☐ Yes		Institution or issuer	name:		

Official Form 106A/B Schedule A/B: Property page 3

D	ebtor 1	Michael W K	Caul		Case number (if known)	
19.	joint v	ublicly traded st enture	cock and interests in incorp	orated and unincorporated busines	sses, including an interest in	an LLC, partnership, and
	■ No					
	⊔ Yes.	Give specific inf	ormation about them Name of entity:		% of ownership:	
20.	Negoti	iable instruments	s include personal checks, cas	otiable and non-negotiable instrume shiers' checks, promissory notes, and ansfer to someone by signing or delive	money orders.	
	☐ Yes.	Give specific info	ormation about them Issuer name:			
21.		ment or pension ples: Interests in		403(b), thrift savings accounts, or othe	er pension or profit-sharing pla	ns
	☐ Yes.	List each accour	nt separately. Type of account:	Institution name:		
22.	Your s		ed deposits you have made so	o that you may continue service or use public utilities (electric, gas, water), te		s, or others
				Institution name or individual:		
23.	Annuit	ties (A contract fo	or a periodic payment of mone	ey to you, either for life or for a numbe	er of years)	
	☐ Yes	ls	suer name and description.			
24.	26 U.S.		on IRA, in an account in a q 529A(b), and 529(b)(1).	ualified ABLE program, or under a	qualified state tuition progra	am.
	■ No □ Yes	In	stitution name and description	n. Separately file the records of any ir	nterests.11 U.S.C. § 521(c):	
25.	Trusts	, equitable or fu	ture interests in property (o	other than anything listed in line 1),	and rights or powers exerci	sable for your benefit
		Give specific inf	formation about them			
26.				nd other intellectual property eds from royalties and licensing agree	ments	
		Give specific inf	formation about them			
27.	Exam _l ■ No	ples: Building per		es perative association holdings, liquor li	censes, professional licenses	
		•	formation about them			
M	oney or	property owed	to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	funds owed to y	rou			
	☐ Yes.	Give specific info	ormation about them, including	ng whether you already filed the return	s and the tax years	
29.	Exam _i ■ No			support, child support, maintenance, d	livorce settlement, property se	ttlement
		Give specific info	ormation			

Official Form 106A/B Schedule A/B: Property page 4

DE	ו וטוטפ	Michael W Kaul	Case number (if known)	
	Exam _i	amounts someone owes you ples: Unpaid wages, disability insurance payments, disability bene benefits; unpaid loans you made to someone else	fits, sick pay, vacation pay, workers' compe	nsation, Social Security
	■ No □ Yes	Give specific information		
		·		
		sts in insurance policies ples: Health, disability, or life insurance; health savings account (F	dSA); credit, homeowner's, or renter's insurar	nce
	Yes.	Name the insurance company of each policy and list its value.		
		Company name:	Beneficiary:	Surrender or refund value:
		Universal Life through Northwester Mutual, no cash value	n Mr Kaul's estate	\$0.00
	If you somed	terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insone has died. Give specific information		eive property because
	Exam _i ■ No	s against third parties, whether or not you have filed a lawsuit ples: Accidents, employment disputes, insurance claims, or rights Describe each claim		
		contingent and unliquidated claims of every nature, including	counterclaims of the debtor and rights to	set off claims
	■ No		,	
	☐ Yes.	Describe each claim		
	Any fii ■ No	nancial assets you did not already list		
	☐ Yes.	Give specific information		
36		the dollar value of all of your entries from Part 4, including an art 4. Write that number here		\$547.00
Pa	rt 5: De	escribe Any Business-Related Property You Own or Have an Interest Ir	n. List any real estate in Part 1.	
37.	Do you	own or have any legal or equitable interest in any business-related pro	operty?	
_	_	o to Part 6.		
L	→ Yes. (Go to line 38.		
Pa		escribe Any Farm- and Commercial Fishing-Related Property You Own you own or have an interest in farmland, list it in Part 1.	or Have an Interest In.	
46.		u own or have any legal or equitable interest in any farm- or c	ommercial fishing-related property?	
	No.	Go to Part 7.		
	☐ Yes	s. Go to line 47.		
Pa	rt 7:	Describe All Property You Own or Have an Interest in That You Did	Not List Above	
	Exam	u have other property of any kind you did not already list? ples: Season tickets, country club membership		
	■ No □ Yes.	Give specific information		
51	Δ44	the dollar value of all of your entries from Part 7. Write that nu	ımher here	\$0.00
54	. Auu	and admar value of all of your childes notifically. Write fildt lit	ATTION HOLD	Φυ.υυ

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Official Form 106A/B

Best Case Bankruptcy

page 5

Schedule A/B: Property

Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$138,100.00
56.	Part 2: Total vehicles, line 5	\$10,575.00		
57.	Part 3: Total personal and household items, line 15	\$4,155.00		
58.	Part 4: Total financial assets, line 36	\$547.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$15,277.00	Copy personal property total	\$15,277.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$153,377.00

Official Form 106A/B Schedule A/B: Property page 6

FII	I in this inform	nation to identify your c	ase:			
De	ebtor 1	Michael W Kaul				
D-	.h.t O	First Name	Middle Name	L	ast Name	
_	ebtor 2 ouse if, filing)	First Name	Middle Name	L	ast Name	
Un	nited States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF W	ISCO	NSIN	
Ca	ase number	,				
	(nown)					☐ Check if this is an amended filing
Oi	fficial Fo	rm 106C				
			perty You Cla	im	as Exempt	4/19
the nee cas For spe any fun exe	property you listed on the control of the control o	sted on Schedule A/B: Production of the state of the stat	coperty (Official Form 106A/B) nany copies of Part 2: Addition exempt, you must specify the atively, you may claim the functions—such as those form. However, if you claim an	as yo nal Pa e amo full fai heal	our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. If market value of the property be the aids, rights to receive certain be notion of 100% of fair market value.	additional pages, write your name and One way of doing so is to state a ing exempted up to the amount of penefits, and tax-exempt retirement
		y the Property You Clai	m as Exempt			
1.	Which set of	exemptions are you cla	iming? Check one only, eve	n if yc	our spouse is filing with you.	
	☐ You are cla	aiming state and federal r	nonbankruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	_	aiming federal exemptions				
2			- , , , ,	emnt.	fill in the information below.	
۲.		on of the property and line	·		ount of the exemption you claim	Specific laws that allow exemption
		that lists this property	portion you own Copy the value from		eck only one box for each exemption.	
			Schedule A/B		, , , , , , , , , , , , , , , , , , , ,	
	1306 Berke Outagamie	n St Appleton, WI 549 County	\$138,100.00		\$3,996.38	11 U.S.C. § 522(d)(1)
	_	nedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
		goods include:	\$1,735.00		\$1,735.00	11 U.S.C. § 522(d)(3)
	Love Seat \$ Kitchen Set	ent Center \$35; Sofa 330; Bedroom Set \$35 : \$40; Lamps \$30; Ru	50; gs		100% of fair market value, up to any applicable statutory limit	
	\$120; Refrig Stove \$150; \$75; Dryer \$	Mower \$ 30; Snow Bl gerator \$400; Freezer ; Microwave \$40; Was \$75 nedule A/B: 6.1	\$50 ;			
	Electronics \$20; Cellph	: Television \$100; D\ one \$100	VD \$220.00		\$220.00	11 U.S.C. § 522(d)(3)
	•	nedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
	Clothes		\$300.00		\$300.00	11 U.S.C. § 522(d)(3)

Official Form 106C

Line from Schedule A/B: 11.1

Schedule C: The Property You Claim as Exempt

page 1 of 2

\$300.00

\$300.00

100% of fair market value, up to any applicable statutory limit

Debte	tor 1 Michael W Kaul			Case number (if known)	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Misc Jewelry Line from Schedule A/B: 12.1	\$1,900.00		\$1,700.00	11 U.S.C. § 522(d)(4)
_	Line nom <i>Schedule AVD</i> . 12.1			100% of fair market value, up to any applicable statutory limit	
	Misc Jewelry Line from Schedule A/B: 12.1	\$1,900.00		\$200.00	11 U.S.C. § 522(d)(5)
-	Line nom <i>Schedule AVD</i> . 12.1			100% of fair market value, up to any applicable statutory limit	
	Cash Line from Schedule A/B: 16.1	\$23.00		\$23.00	11 U.S.C. § 522(d)(5)
L	Line nom <i>Schedule AVB</i> . 10.1			100% of fair market value, up to any applicable statutory limit	
	Checking: Associated Bank Line from Schedule A/B: 17.1	\$524.00		\$524.00	11 U.S.C. § 522(d)(5)
	Ellie IIolii <i>Genedale A.D.</i> TTT			100% of fair market value, up to any applicable statutory limit	
	Universal Life through Northwestern Mutual, no cash value	\$0.00		\$0.00	11 U.S.C. § 522(d)(8)
	Beneficiary: Mr Kaul's estate Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	
	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every			iled on or after the date of adjustme	nt.)
	■ No				
[Yes. Did you acquire the property cove	red by the exemption w	ithin 1	,215 days before you filed this case	?
	□ No				
	☐ Yes				

Fill in this inform	nation to identify you	r case:			
Debtor 1	Michael W Kaul First Name	Middle Name Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Name			
, ,	nkruptcy Court for the:	EASTERN DISTRICT OF WISCONSIN			
				-	
Case number (if known)				_	if this is an led filing
Official Form	100D				
Official Form					
Schedule	D: Creditors	Who Have Claims Secur	ed by Propert	У	12/15
		f two married people are filing together, both are out, number the entries, and attach it to this form			
•	have claims secured by	your property?			
	•	his form to the court with your other schedules	s. You have nothing else t	o report on this form.	
_	all of the information b	•			
	all of the information to	oelow.			
		sove then are approved plains list the availter approve	Column A	Column B	Column C
for each claim. If mo	ore than one creditor has	nore than one secured claim, list the creditor separa a particular claim, list the other creditors in Part 2. A cal order according to the creditor's name.		Value of collateral that supports this claim	Unsecured portion If any
2.1 Cherry Cre	eek Mtg Co In	Describe the property that secures the claim:	\$134,103.62	\$138,100.00	\$0.00
Creditor's Name		1306 Berken St Appleton, WI 54915 Outagamie County			
<u>.</u>	te Dr Ste 360 ch, IL 60047	As of the date you file, the claim is: Check all that apply. Contingent	_		
Number, Street,	City, State & Zip Code	Unliquidated			
Who owes the del	bt? Check one.	Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only		☐ An agreement you made (such as mortgage or	secured		
Debtor 2 only		car loan)			
Debtor 1 and De	btor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)		
_	e debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this cla community del		Other (including a right to offset)	je		
Date debt was incu	irred 13	Last 4 digits of account number554	9		
Contonde	· Consumer				
USA	Consumer	Describe the property that secures the claim:	\$15,102.00	\$10,575.00	\$4,527.00
Creditor's Name		2015 Ford Fusion 46,000 miles			
P.O. Box 9	061245	As of the date you file, the claim is: Check all that			
	n, TX 76161	apply.			
	City, State & Zip Code	☐ Contingent ☐ Unliquidated			
Who owes the del	bt? Check one.	Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only		☐ An agreement you made (such as mortgage or	secured		
Debtor 2 only		car loan)			
Debtor 1 and De	btor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)		
_	e debtors and another	☐ Judgment lien from a lawsuit	•		
Check if this cla		Other (including a right to offset)			
Date debt was incu	ırred	Last 4 digits of account number			

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Debtor 1	Michael W Kaul			Case number (if known)	
	First Name	Middle Name	Last Name		

Add the dollar value of your entries in Column A on this page. Write that number here: \$149,205.62
If this is the last page of your form, add the dollar value totals from all pages.
Write that number here: \$149,205.62

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Fill in this info	ormation to identify your	case:						
Debtor 1	Michael W Kaul							
	First Name	Middle Nam	ne Last Nam	е				
Debtor 2 (Spouse if, filing)	First Name	Middle Nam	ne Last Nam	e				
United States	Bankruptcy Court for the:	EASTERN DI	STRICT OF WISCONSIN					
0								
Case number (if known)							Check if	this is an
Schedule Be as complete any executory control Schedule G: Executory Control Schedule D: Cre	rm 106E/F E/F: Creditors W and accurate as possible. Us ontracts or unexpired leases ocutory Contracts and Unexp ditors Who Have Claims Sec continuation Page to this page	se Part 1 for credi that could result pired Leases (Offi ured by Property	tors with PRIORITY claims a in a claim. Also list executo cial Form 106G). Do not incl . If more space is needed, co	nd Part 2 f ory contrac ude any cr opy the Pai	ets on Schedule A/B: P editors with partially s rt you need, fill it out, i	roperty (Off ecured clain number the o	icial Form ns that are entries in	106A/B) and on e listed in the boxes on the
	number (if known).	je. ii you nave no	miormation to report in a Fa	art, do not	me mat Fart. On me to	op or arry au	uitionai p	ages, write your
Part 1: List	All of Your PRIORITY Un	secured Claim	s					
1. Do any cred	ditors have priority unsecure	d claims against	you?					
☐ No. Go t	o Part 2.							
Yes.								
identify what possible, list	our priority unsecured claim: t type of claim it is. If a claim ha the claims in alphabetical orde tre than one creditor holds a pa	as both priority and er according to the	I nonpriority amounts, list that a creditor's name. If you have n	claim here	and show both priority a	nd nonpriorit	y amounts	. As much as
(For an expl	anation of each type of claim,	see the instruction	s for this form in the instruction	booklet.)				
					Total claim	Priority amount		Nonpriority amount
2.1 Interr	nal Revenue Service	Las	t 4 digits of account number	5500	\$50,154.00		\$0.00	\$50,154.00
PO B	Creditor's Name ox 7346	Whe	en was the debt incurred?	2005, 2	2006, 2011, 2013			
Phila	ruptcy delphia, PA 19101-734	6						
	r Street City State Zip Code	_	of the date you file, the claim	is: Check	all that apply			
_	rred the debt? Check one.		Contingent					
Debtor	1 only		Jnliquidated					
☐ Debtor	2 only		Disputed					
☐ Debtor	1 and Debtor 2 only	Тур	e of PRIORITY unsecured cla	aim:				
☐ At least	t one of the debtors and anothe	er 🗖 🛭	Domestic support obligations					
☐ Check	if this claim is for a commu	nity debt	Taxes and certain other debts	you owe the	e government			
	m subject to offset?	•	Claims for death or personal in		-			
■ No	-	_	Other. Specify	. ,				
☐ Yes		_`	Income Ta	xes Ow	ed			

Page 20 of 66

Michael W Kaul		Case numb	` ′ —		
Wisconsin Department of Revenue	Last 4 digits of account number	5500	\$0.00	\$0.00	\$0 .
Priority Creditor's Name Special Procedures Unit PO BOX 8901	When was the debt incurred?	18			
Madison, WI 53708-8901 Number Street City State Zip Code	As of the data you file the claim	io. Chaola all tha	t annly		
Who incurred the debt? Check one.	As of the date you file, the claim	is. Check all tha	п арріу		
■ Debtor 1 only	☐ Contingent				
_	☐ Unliquidated				
Debtor 2 only	Disputed				
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	ıim:			
At least one of the debtors and another	☐ Domestic support obligations				
☐ Check if this claim is for a community debt	Taxes and certain other debts y	ou owe the gove	ernment		
Is the claim subject to offset?	Claims for death or personal in	ury while you we	re intoxicated		
■ No	Other. Specify				
☐ Yes	Notice onl	y			
No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the	this form to the court with your other sealphabetical order of the creditor	who holds each			
Do any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the insecured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other art 2.	this form to the court with your other sealphabetical order of the creditor claim. For each claim listed, identify when the credit is the court with the credit or claim.	who holds each nat type of claim	it is. Do not list claims alre	ady included in Par	rt 1. If more n Page of
No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the insecured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other.	this form to the court with your other sealphabetical order of the creditor claim. For each claim listed, identify when the credit is the court with the credit or claim.	who holds each nat type of claim han three nonpri	it is. Do not list claims alre	ady included in Par out the Continuatio	rt 1. If more n Page of
No. You have nothing to report in this part. Submit Yes. ist all of your nonpriority unsecured claims in the insecured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other eart 2. Affinity Medical Group Nonpriority Creditor's Name PO Box 14099	this form to the court with your other se alphabetical order of the creditor claim. For each claim listed, identify wir creditors in Part 3.If you have more to	who holds each nat type of claim han three nonpri	it is. Do not list claims alre	ady included in Par out the Continuatio	rt 1. If more n Page of m
No. You have nothing to report in this part. Submit Yes. ist all of your nonpriority unsecured claims in the nescured claim, list the creditor separately for each can one creditor holds a particular claim, list the otherart 2. Affinity Medical Group Nonpriority Creditor's Name	this form to the court with your other se alphabetical order of the creditor claim. For each claim listed, identify wir creditors in Part 3.If you have more to the creditors of the creditors in Part 3.If you have more to the creditors in Part	who holds each nat type of claim han three nonpri er 5500	it is. Do not list claims alre ority unsecured claims fill o	ady included in Par out the Continuatio	rt 1. If more n Page of m
No. You have nothing to report in this part. Submit Yes. ist all of your nonpriority unsecured claims in the nescured claim, list the creditor separately for each can one creditor holds a particular claim, list the otherart 2. Affinity Medical Group Nonpriority Creditor's Name PO Box 14099 Belfast, ME 04915 Number Street City State Zip Code	this form to the court with your other se alphabetical order of the creditor claim. For each claim listed, identify wir creditors in Part 3.If you have more to be a count number of the creditors and the count number of the creditors are the creditors are the count number of the creditors are the creditors	who holds each nat type of claim han three nonpri er 5500	it is. Do not list claims alre ority unsecured claims fill o	ady included in Par out the Continuatio	rt 1. If more n Page of m
No. You have nothing to report in this part. Submit Yes. ist all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2. Affinity Medical Group Nonpriority Creditor's Name PO Box 14099 Belfast, ME 04915 Number Street City State Zip Code Who incurred the debt? Check one.	this form to the court with your other states alphabetical order of the creditor claim. For each claim listed, identify with creditors in Part 3.If you have more to be a count number of the count number of	who holds each nat type of claim han three nonpri er 5500	it is. Do not list claims alre ority unsecured claims fill o	ady included in Par out the Continuatio	rt 1. If more n Page of m
No. You have nothing to report in this part. Submit Yes. ist all of your nonpriority unsecured claims in the assecured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2. Affinity Medical Group Nonpriority Creditor's Name PO Box 14099 Belfast, ME 04915 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	this form to the court with your other states alphabetical order of the creditor claim. For each claim listed, identify with ricreditors in Part 3.If you have more to be a count number of the claim listed. Last 4 digits of account number of the claim listed incurred? As of the date you file, the claim listed incurred? Contingent Unliquidated	who holds each nat type of claim han three nonpri er 5500	it is. Do not list claims alre ority unsecured claims fill o	ady included in Par out the Continuatio	rt 1. If more n Page of m
No. You have nothing to report in this part. Submit Yes. ist all of your nonpriority unsecured claims in the needured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other art 2. Affinity Medical Group Nonpriority Creditor's Name PO Box 14099 Belfast, ME 04915 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	this form to the court with your other states alphabetical order of the creditor claim. For each claim listed, identify wire creditors in Part 3.If you have more to be a count number of the case of the date you file, the claim count is contingent.	who holds each nat type of claim han three nonpri er 5500 17 im is: Check all	it is. Do not list claims alre ority unsecured claims fill o	ady included in Par out the Continuatio	rt 1. If more n Page of m
No. You have nothing to report in this part. Submit Yes. ist all of your nonpriority unsecured claims in the assecured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2. Affinity Medical Group Nonpriority Creditor's Name PO Box 14099 Belfast, ME 04915 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another	this form to the court with your other states alphabetical order of the creditor claim. For each claim listed, identify with creditors in Part 3.If you have more to be also b	who holds each nat type of claim han three nonpri er 5500 17 im is: Check all	it is. Do not list claims alre ority unsecured claims fill o	ady included in Par out the Continuatio	rt 1. If more n Page of m
No. You have nothing to report in this part. Submit Yes. ist all of your nonpriority unsecured claims in the necured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other art 2. Affinity Medical Group Nonpriority Creditor's Name PO Box 14099 Belfast, ME 04915 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	this form to the court with your other states alphabetical order of the creditor claim. For each claim listed, identify wire creditors in Part 3.If you have more to be a state at a digits of account number when was the debt incurred? As of the date you file, the claim contingent continues continu	who holds each nat type of claim han three nonpri er 5500 17 im is: Check all	it is. Do not list claims alre ority unsecured claims fill of the clai	ady included in Parout the Continuatio Total clain	rt 1. If more n Page of m
No. You have nothing to report in this part. Submit Yes. ist all of your nonpriority unsecured claims in the needured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other art 2. Affinity Medical Group Nonpriority Creditor's Name PO Box 14099 Belfast, ME 04915 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	this form to the court with your other states alphabetical order of the creditor claim. For each claim listed, identify with creditors in Part 3.If you have more to creditors in Part 4.If you have more to c	who holds each nat type of claim han three nonpri er 5500 17 im is: Check all ured claim: eparation agreer	it is. Do not list claims alre ority unsecured claims fill of the control of the	ady included in Parout the Continuatio Total clain	rt 1. If more n Page of m

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1.2	American Profit Recovery	Last 4 digits of account number	0375	\$330.00
	Nonpriority Creditor's Name Attn: Bankruptcy 34505 W 12 Mile Road #333	When was the debt incurred?	Opened 03/17	
	Farmington Hills, MI 48331 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that anniv	
	Who incurred the debt? Check one.	As of the date you me, the claim	S. Olleck all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Misc. cons	umer expense	
1.3	Ascension Wisconsin	Last 4 digits of account number	5500	\$251.00
	Nonpriority Creditor's Name PO Box 856956 Minneapolis, WI 55485	When was the debt incurred?	17	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical		
1.4	Capital One	Last 4 digits of account number	0438	\$6,110.00
	Nonpriority Creditor's Name Attn: Bankruptcy PO Box 30285	When was the debt incurred?	14	
	Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	a plane, and other similar debte	
	■ INO	- Denie to beligion of brout-stiguin	y piano, and other official debto	

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Debtor 1 Michael W Kaul			Case number (if known)	
4.5	Capital One	Last 4 digits of account number	1311	\$2,288.00
	Nonpriority Creditor's Name Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	2018	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	■ Other. Specify Money Jud	gement	
4.6	Community First Credit Union Nonpriority Creditor's Name	Last 4 digits of account number	4003	\$3,283.00
	Attn: Bankruptcy PO Box 1487	When was the debt incurred?	15	
	Appleton, WI 54912 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	7.0 0 , 0	or oncor an elacappi,	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	□Yes	■ Other. Specify Misc. cons	umer expense	
4.7	Community First Credit Union	Last 4 digits of account number	4004	\$196.00
	Nonpriority Creditor's Name Attn: Bankruptcy PO Box 1487	When was the debt incurred?	16	
	Appleton, WI 54912	_		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	d alata.	
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	■ No □ Yes	Other. Specify Misc. Cons		
	□ res	Other. Specify	ине схренье	

Community First Cradit Union	Lock A digita of account number 0040	6000 F
Community First Credit Union Nonpriority Creditor's Name	Last 4 digits of account number	\$299.5
PO Box 1487 Appleton, WI 54914	When was the debt incurred? 2018	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	☐ Student loans	
dept Is the claim subject to offset?		id not
■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Money Judgement	
Community First Credit Union	Last 4 digits of account number 0202	\$375.5
Nonpriority Creditor's Name	- <u> </u>	
PO Box 1487	When was the debt incurred? 2018	
Appleton, WI 54914 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you d report as priority claims	id not
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Money Judgement	
One dit Contame of Fey Valley	4225	
Credit Systems of Fox Valley Nonpriority Creditor's Name	Last 4 digits of account number 1225	\$539.00
Attn: Bankruptcy	When was the debt incurred? 16	
630 South Green Bay Rd.		
Neenah, WI 54956 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you d report as priority claims	id not
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	- ·	

1 Michael W Kaul		Case number (if known)	
First Premier Bank	Last 4 digits of account number	1293	\$712.00
Nonpriority Creditor's Name Attn: Bankruptcy PO Box 5524 Sioux Falls, SD 57117	When was the debt incurred?	16	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Misc. Cons	umer Expense	
Jn Portfolio Debt Equities, LLC	Last 4 digits of account number	0102	\$1,968.00
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?	15	V -, C
5757 Phantom Dr. Ste 225 Hazelwood, MO 63042			
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Misc. Cons	umer Expense	
John Schenian	Last 4 digits of account number	5500	\$28,000.00
Nonpriority Creditor's Name 1135 Nuthatch Lane Neenah, WI 54956	When was the debt incurred?	16	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Loan		

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or 1 Michael W Kaul	Case number (if known)		
LVNV Funding	Last 4 digits of account number	3729	\$984.28
Nonpriority Creditor's Name c/o Messerli & Kramer PA 3033 Campus Drive Suite 250 Minneapolis, MN 55441	When was the debt incurred?	2017	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
Yes	Other. Specify Money Jud	gement	
LVNV Funding/Resurgent Capital	Last 4 digits of account number	9268	\$1,014.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 10497	When was the debt incurred?	2017	
Greenville, SC 29603 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharir	og plans, and other similar debts	
☐ Yes	Other. Specify Misc Const		
Mercury Card/fb&t	Last 4 digits of account number	6694	\$2,401.00
Nonpriority Creditor's Name PO Box 84064 Columbus, GA 31908	When was the debt incurred?	13	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed	Labeta:	
At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	d claim:	
☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify Misc. Cons	umer Expense	

Midland Funding	Last 4 digits of account number	6426	\$2,156.0
Nonpriority Creditor's Name 2365 Northside Dr Ste 300 San Diego, CA 92108	When was the debt incurred?		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	• •	
Yes	Other. Specify Misc. Cons	umer Expense	
Midland Funding	Last 4 digits of account number	0038	\$828.0
Nonpriority Creditor's Name 2365 Northside Dr Ste 300 San Diego, CA 92108	When was the debt incurred?	17	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Misc. Cons	umer Expense	
Midland Funding	Last 4 digits of account number	0911	\$340.0
Nonpriority Creditor's Name 2365 Northside Dr Ste 300	When was the debt incurred?		
San Diego, CA 92108 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	Пол		
Debtor 2 only	☐ Contingent☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
□ Yes	Other. Specify Misc. Cons	umer Expense	

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Debtor	1 Michael W Kaul		Case number (if known)	
4.2	Midland Funding LLC	Last 4 digits of account number	0522	\$1,964.15
	Nonpriority Creditor's Name 2365 Northside Dr Suite 300 San Diego, CA 92108	When was the debt incurred?	2018	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	\square Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Money Jud	gement	
4.2	Navient Nonpriority Creditor's Name	Last 4 digits of account number	0512	\$19,405.00
	Attn: Bankruptcy	When was the debt incurred?	00	
	PO Box 9000			
	Wiles-Barr, PA 18773		in Charle all that analy	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	_	☐ Unliquidated		
	Debtor 2 only	☐ Disputed		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify		
		Educationa	ıl	
4.2	NCB Management Services Nonpriority Creditor's Name	Last 4 digits of account number	0957	\$4,005.00
	Attn: Bankruptcy One Allied Drive	When was the debt incurred?	16	
	Trevose, PA 19053		ion Charles II that a same	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Cneck all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	= '	
	Yes	Other. Specify Misc. Cons	umer Expense	

Michael W Kaul	Case number (if known)		
Neuroscience Group Of NE Wisconsin	Last 4 digits of account number 5500	\$220.00	
Nonpriority Creditor's Name 1305 W. American Dr. Neenah, WI 54956	When was the debt incurred? 17		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce tha report as priority claims	t you did not	
No	\square Debts to pension or profit-sharing plans, and other similar debts		
Yes	Other. Specify Medical		
One Main Financial	Last 4 digits of account number 0282	\$7,432.72	
Nonpriority Creditor's Name			
Bankruptcy Dept. PO Box 3251 Evansville, IN 47731	When was the debt incurred? 2018		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a community	☐ Student loans		
debt	\square Obligations arising out of a separation agreement or divorce tha	t you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharing plans, and other similar debts		
Yes	■ Other. Specify Money Judgement		
Opportunity Financial	Last 4 digits of account number 3599	\$2,209.10	
Nonpriority Creditor's Name 130 E Randolph St, Suite 1650	When was the debt incurred? 2016		
Chicago, IL 60601 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a community	☐ Student loans		
debt	☐ Obligations arising out of a separation agreement or divorce tha	t you did not	
Is the claim subject to offset?	report as priority claims		
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
□Yes	■ Other. Specify Money Judgement		

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Debtor 1 Michael W Kaul			Case number (if known)	
4.2 6	Opportunity Financial, LLC	Last 4 digits of account number	1780	\$1,309.00
	Nonpriority Creditor's Name 130 East Randolph Street Suite 3400	When was the debt incurred?	16	
	Chicago, IL 60601			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Misc. Cons	umer Expense	
4.2	Portfolio Recovery	Last 4 digits of account number	6280	\$1,313.00
7	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ1,010.00
	PO Box 41021 Norfolk, VA 23541	When was the debt incurred?	17	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharin		
	Yes	Other. Specify Misc. Cons	umer Expense	
4.2	Target	Last 4 digits of account number	5572	\$1,602.00
	Nonpriority Creditor's Name Target Card Services Mail Stop NCB-0461	When was the debt incurred?	13	
	Minneapolis, MN 55440			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	a plane, and other similar debte	
	■ No			
	Yes	Other. Specify Misc. Cons	umer Expense	

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Debtor	1 Michael W Kaul	Case number (if known)		
4.2				****
9	ThedaCare	Last 4 digits of account number	5500	\$322.00
	Nonpriority Creditor's Name PO BOX 8003	When was the debt incurred?	18	
	Appleton, WI 54912-8003			
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other. Specify Medical		
4.3	Visa Dept Store National Bank/Macy's	Last 4 digits of account number	8161	\$1,529.00
	Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?	15	
	PO Box 8053	When was the dept incurred:		
	Mason, OH 45040			
-	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	Is the claim subject to offset?	<u></u>		
	No	Debts to pension or profit-sharin	• •	
	☐ Yes	Other. Specify Misc. Cons	umer Expense	
4.3	We Energies		6982	\$497.00
1	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ497.00
	Attn: Bankruptcy	When was the debt incurred?	18	
	PO Box 2046			
-	Milwaukee, WI 53201			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	_			
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
		· ·	• •	
	Yes	■ Other. Specify Misc. Cons	umer expense	

Part 3: List Others to Be Notified About a Debt That You Already Listed

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^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 Michael W Kaul		Case number (if known)
have more than one creditor for any of the debts notified for any debts in Parts 1 or 2, do not fill o		additional creditors here. If you do not have additional persons to be
Name and Address Affinity Medical Group Ministry Health Care 1550 Midway PL Menasha, WI 54952	On which entry in Part 1 or Part 2 did Line 4.1 of (Check one): Last 4 digits of account number	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Affinity Medical Group-Oshkosh 2725 Jackson St Oshkosh, WI 54901	On which entry in Part 1 or Part 2 did Line 4.1 of (<i>Check one</i>):	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Ascension Medical Group 1855 S Koeller St Oshkosh, WI 54902	On which entry in Part 1 or Part 2 did Line 4.3 of (Check one): Last 4 digits of account number	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Blitt & Gaines, PC c/o David Olefsky 250 E. Wisconsin Ave., 18th Floor Milwaukee, WI 53202	On which entry in Part 1 or Part 2 did Line 4.5 of (<i>Check one</i>): Last 4 digits of account number	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Blitt & Gaines, PC c/o David Olefsky 250 E. Wisconsin Ave., 18th Floor Milwaukee, WI 53202	On which entry in Part 1 or Part 2 did Line 4.24 of (Check one): Last 4 digits of account number	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Capital One PO Box 6492 Carol Stream, IL 60197-6492	On which entry in Part 1 or Part 2 did Line 4.4 of (<i>Check one</i>): Last 4 digits of account number	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Capital One, N.A Capital One Bank (USA) N.A. Po Box 30285 Salt Lake City, UT 84130	On which entry in Part 1 or Part 2 did Line 4.12 of (Check one): Last 4 digits of account number	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Citibank NA Bankruptcy Department 701 E 60th St. North Sioux Falls, SD 57117	On which entry in Part 1 or Part 2 did Line 4.27 of (Check one): Last 4 digits of account number	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Comenity Capital Bank PO Box 5138 Lutherville Timonium, MD 21094	On which entry in Part 1 or Part 2 did Line 4.18 of (Check one):	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Credit One Bank PO Box 60500 City of Industry, CA 91716-0500	On which entry in Part 1 or Part 2 did Line 4.15 of (Check one):	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Credit One Bank PO BOX 98873	On which entry in Part 1 or Part 2 did Line 4.15 of (Check one):	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Debtor 1 Michael W Kaul		Case number (if known)
Las Vegas, NV 89193	Last 4 digits of account number	Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address David Olefsky Blitt and Gaines PC 661 Glenn Ave Wheeling, IL 60090	On which entry in Part 1 or Part 2 did y Line 4.24 of (<i>Check one</i>): Last 4 digits of account number	rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Dobberstein Law Firm, LLC c/o Atty Meghan Mackelly P.O. Box 470 Brookfield, WI 53008	On which entry in Part 1 or Part 2 did y Line 4.25 of (Check one):	rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Internal Revenue Service 211 W. Wisconsin Ave. MS 5301 MIL Milwaukee, WI 53203-2221	Last 4 digits of account number On which entry in Part 1 or Part 2 did y Line 2.1 of (Check one): Last 4 digits of account number	rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Kohn Law Firm, S.C. 735 N. Water St. Suite 1300 Milwaukee, WI 53202	On which entry in Part 1 or Part 2 did y Line 4.20 of (Check one): Last 4 digits of account number	rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address LVNV Funding PO BOX 10497 Greenville, SC 29603	On which entry in Part 1 or Part 2 did y Line 4.14 of (<i>Check one</i>): Last 4 digits of account number	rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Macy's PO Box 78008 Phoenix, AZ 85062	On which entry in Part 1 or Part 2 did y Line 4.30 of (<i>Check one</i>): Last 4 digits of account number	rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Mercy Medical Center PO Box 8039 Appleton, WI 54912-8039	On which entry in Part 1 or Part 2 did y Line 4.3 of (<i>Check one</i>): Last 4 digits of account number	rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Mercy Medical Center 500 S. Oakwood Rd. Oshkosh, WI 54904	On which entry in Part 1 or Part 2 did y Line 4.3 of (<i>Check one</i>): Last 4 digits of account number	vou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Messerli & Kramer c/o Atty Jillian Walker 3033 Campus Drive Suite 250 Plymouth, MN 55441-2662	On which entry in Part 1 or Part 2 did y Line 4.14 of (Check one): Last 4 digits of account number	rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Messerli & Kramer 3033 Campus Drive Suite 250 Plymouth, MN 55441-2662	On which entry in Part 1 or Part 2 did y Line 4.14 of (Check one): Last 4 digits of account number	rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Midland Funding LLC	On which entry in Part 1 or Part 2 did y Line 4.20 of (Check one):	rou list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1 Michael W Kaul	Case number (if known)	
c/o Attorney Joseph Robert Johnson Kohn Law Firm SC 735 N. Water St. Suite 1300 Milwaukee, WI 53202	■ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	
Name and Address Midland Funding LLC c/o AttorneyTyler Helsel Kohn Law Firm Sc 735 N. Water St. #1300 Milwaukee, WI 53202	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	
Name and Address One Main Financial 510 Koeller Street Oshkosh, WI 54902	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number	
Negation and Address	On which cateria Boot 4 on Boot 9 did you liet the principal and literal	
Name and Address PDO Financial d/b/a Rise Credit 4150 International Plaza Ste 300 Fort Worth, TX 76101	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
Tott Worth, TX 70101	Last 4 digits of account number	
Name and Address Resurgent Capital Services LP PO Box 10465 Greenville, SC 29603	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.15 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number	
Name and Address Rise ATTN: Customer Service PO Box 101808 Fort Worth, TX 76185	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number	
Name and Address Storm - The Lawn Pro of The Fox Cities L W7344 Winnegamie Dr. Appleton, WI 54914	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	
Name and Address Synchrony Bank PO Box 960061 Orlando, FL 32896-0061	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number	
Name and Address Synchrony Bank PO Box 960061 Orlando, FL 32896-0061	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.19 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number	
Name and Address Target PO Box 038994 Tuscaloosa, AL 35403	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.28 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number	
Name and Address Theda Care	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (<i>Check one</i>):	

Box 880694
Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1 Michael W Kaul		Case number (if known)			
Milwaukee, WI 53288-0694		■ Part 2: Creditors with Nonpriority Unsecured Claims			
	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
ThedaCare	Line 4.29 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims			
Box 880810 Milwaukee, WI 53288-0810		■ Part 2: Creditors with Nonpriority Unsecured Claims			
Willwaukee, WI 33200-0010	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
ThedaCare Inc.	Line 4.10 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
PO Box 8003 Appleton, WI 54912		■ Part 2: Creditors with Nonpriority Unsecured Claims			
Appleton, W 04012	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
Van Lieshout Law Office	Line 4.8 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
c/o Atty Amanda Keitel PO Box 186		■ Part 2: Creditors with Nonpriority Unsecured Claims			
Little Chute, WI 54140					
,	Last 4 digits of account number				

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				7	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total					
claims rom Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	50,154.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	50,154.00
				1	Total Claim
	6f.	Student loans	6f.	\$	19,405.00
Total claims					
om Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	74,765.30
		Total Nonpriority. Add lines 6f through 6i.	6j.		

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Fill in this information to identify your case:						
Debtor 1 Michael W Kaul						
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		EASTERN DISTRICT OF WISCONSIN				
Case number _					п	Check if this is an
						amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code					State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	-

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Debtor 1	Michael W Kaul				
200101 1	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fill	ling) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT (OF WISCONSIN		
Case num (if known)	nber				☐ Check if this is an amended filing
	al Form 106H				
<u>3chec</u>	dule H: Your Cod	debtors			12/15
Arizor No		a, Nevada, New Mexico, Pr	uerto Rico, Texas, Wash		y states and territories include
in line Form out C	e 2 again as a codebtor only	if that person is a guara al Form 106E/F), or Sched	ntor or cosigner. Make	sure you have listed th 06G). Use Schedule D,	g with you. List the person shown ne creditor on Schedule D (Officia Schedule E/F, or Schedule G to fill editor to whom you owe the debtes that apply:
				oncon an concadio	o that apply.
3.1	Name			☐ Schedule D, line ☐ Schedule E/F, li ☐ Schedule G, line	ine
-	Number Street City	State	ZIP Code	<u> </u>	
3.2	Name			☐ Schedule D, line ☐ Schedule E/F, li ☐ Schedule G, line	ine
	Number Street City	State	ZIP Code	_	

Schedule H: Your Codebtors

Fill	in this information to identify your c	ase:					
Del	otor 1 Michael W F	Kaul		_			
	otor 2			-			
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF WISCONSIN	_			
	se number 					d filing	postpetition chapter owing date:
0	fficial Form 106I				MM / DD/ Y	YYY	
S	chedule I: Your Inc	ome					12/15
sup spo atta	as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not filing wi	ng jointly, and your spouse is ith you, do not include inform	living wit ation abo	h you, inclu ut your spo	ude informa ouse. If more	tion about your e space is needed,
1.	Fill in your employment information.		Debtor 1		Debtor 2	or non-filir	ıg spouse
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed		☐ Emplo		
	employers.	Occupation	Sales Representative				
	Include part-time, seasonal, or self-employed work.	Employer's name	1st AYD Corp.				
	Occupation may include student or homemaker, if it applies.	Employer's address	1325 Gateway Dr Elgin, IL 60124				
		How long employed to	here? 1.5 Year		_		
Par	Give Details About Mo	nthly Income					
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to report for a	ny line, wri	ite \$0 in the	space. Inclu	de your non-filing
	u or your non-filing spouse have me e space, attach a separate sheet to		ombine the information for all em	nployers fo	or that perso	n on the line	s below. If you need
				For D	ebtor 1	For Debto	
2.	List monthly gross wages, sala deductions). If not paid monthly,			\$	2,854.00	\$	N/A
3.	Estimate and list monthly overt	time pay.	3	+\$	0.00	+\$	N/A

Official Form 106I $\begin{array}{ccc} & & \textbf{Schedule I: Your Income} \\ \text{Case } 19\text{-}25873\text{-gmh} & \text{Doc } 1 & \text{Filed } 06/14/19 \end{array}$ page 1

Calculate gross Income. Add line 2 + line 3.

\$ 2,854.00

N/A

				For	Debtor 1		Debtor 2 or -filing spouse	
	Сору	line 4 here	4.	\$	2,854.00	\$	N/A	
5.	l ist a	all payroll deductions:			<u> </u>			
0.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	599.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$ -	0.00	\$ 	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	N/A	
	5e.	Insurance	5e.	· · —	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
	5g.	Union dues	5g.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify:	5h	+ \$		- \$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	599.00	\$	N/A	
7.	Calcu	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,255.00	\$	N/A	
8.	List a 8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$_	0.00	\$ 	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		\$ \$		· <u> </u>		
	04		8c. 8d.	* *	0.00	\$_ \$	N/A	
	8d. 8e.	Unemployment compensation Social Security	8e.	\$ 	0.00	\$ 	N/A N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	8h	+ \$_	0.00	- \$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A	
10.		ulate monthly income. Add line 7 + line 9. he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	5	2,255.00 + \$_		N/A = \$	2,255.00
11.	Includ other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a lify:	deper	,	,		Schedule J.	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certaines					12. \$	2,255.00
	_		_				Combine monthly	
13.	Do yo	ou expect an increase or decrease within the year after you file this form' No.	?					
		Yes. Explain:						

Official Form 106I

Eill-	in this informat	tion to identify yo	ur caca:					
		lion to identify yo	ur case.					
Deb	otor 1	Michael W Ka	aul				eck if this is:	na
Deb	tor 2						An amended fili A supplement s	howing postpetition chapter
	ouse, if filing)							of the following date:
Unit	ed States Bankru	uptcy Court for the:	EASTE	RN DISTRICT OF WIS	CONSIN		MM / DD / YYY	Y
Cas	e number							
(If kı	nown)							
Of	fficial Fo	rm 106J						
Sc	chedule	J: Your E	Exper	ises				12/15
Be a	as complete a ormation. If mo mber (if know)	and accurate as ore space is need n). Answer ever	possible eded, atta y questio	. If two married people ich another sheet to th				e for supplying correct te your name and case
Par	t 1: Descri	ibe Your House	hold					
١.	•							
	■ No. Go to		n a sanar	ate household?				
			ii a sepai	ate nousenoid:				
	□ No		t file Offici	al Form 106J-2, Expens	ses for Senarate House	hold of De	ehtor 2	
			Tille Offici	arr omi 1005-2, Expens	ses for Separate Flouse	inola of De	50101 2.	
2.	Do you have	dependents?	☐ No					
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information fo each dependent			Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents r				Daughter		7	■ Yes
								□ No
					Son		8	■ Yes
								□ No
								Pes
								□ No
3.	Do your eyn	enses include	_					
J.		people other the	nan	No				
	yourself and	l your depender	nts? ⊔	Yes				
Par	t 2: Estima	ate Your Ongoir	na Month	v Expenses				
Est exp	imate your ex	penses as of yo	ur bankr	uptcy filing date unles				Chapter 13 case to report p of the form and fill in the
				government assistand				
(Off	ficial Form 10	6I.)					Your e	expenses
4.		r home ownershid any rent for the		ses for your residence	e. Include first mortgage	e 4.	\$	1,081.00
	If not include	•	. g. 50/10 C					
	4a Baal -	ctata tayac				40	¢	0.00
		state taxes ty, homeowner's	or renter	's insurance		4a. 4b.		0.00 0.00
				ıpkeep expenses		4c.	·	0.00
		owner's associati				4d.	·	0.00
5.	Additional n	nortgage payme	ents for yo	our residence, such as	home equity loans	5.	\$	0.00

Official Form 106J Schedule J: Your Expenses

ebtor 1	_!	Michael	W Kaul	Case nu	ıml	ber (if known)	
. Utili	itie	es:					
6a.	- 1	Electricity,	, heat, natural gas	66	a.	\$	135.00
6b.	١	Water, sev	wer, garbage collection	61	b.	\$	30.00
6c.	-	Telephone	e, cell phone, Internet, satellite, and cable services	6	c.	\$	300.00
6d.	(Other. Spe	ecify:	60		\$	0.00
			ekeeping supplies		7.	\$	100.00
			children's education costs		8.	\$	0.00
			ry, and dry cleaning		9.	\$	100.00
		_	products and services	10		\$	25.00
			ntal expenses			·	
			•	ı	1.	\$	25.00
			Include gas, maintenance, bus or train fare.	13	2.	\$	50.00
			ar payments. clubs, recreation, newspapers, magazines, and b			\$	25.00
			ributions and religious donations		3. 4.	\$	
			ributions and religious donations	14	4.	Ф	0.00
i. Insu			sources and dusted from your pay or included in lines.	4 0 = 20			
		. include if Life insura	nsurance deducted from your pay or included in lines	4 01 20. 15a	2	¢	0.00
				151			0.00
		Health ins					0.00
		Vehicle in:		150		\$	81.00
			ırance. Specify:	150	d.	\$	0.00
			clude taxes deducted from your pay or included in lin				
Spe		·		16	6.	\$	0.00
			ease payments:				
17a	. (Car paym	ents for Vehicle 1	178		·	299.00
			ents for Vehicle 2	171	b.	\$	0.00
17c	. (Other. Spe	ecify: Student Loans	170	C.	\$	100.00
17d	. (Other. Spe	ecify:	170	d.	\$	0.00
. You	ır p	payments	of alimony, maintenance, and support that you di	d not report as		-	
ded	luc	ted from	your pay on line 5, Schedule I, Your Income (Office	ial Form 106I). 18	8.	\$	0.00
. Oth	er	payments	s you make to support others who do not live with	you.		\$	0.00
Spe	cify	y:		19	9.		
. Oth	er	real prop	erty expenses not included in lines 4 or 5 of this f	orm or on Schedule I:	Yο	ur Income.	
20a	. 1	Mortgages	s on other property	208	a.	\$	0.00
20b	. 1	Real estat	e taxes	201	b.	\$	0.00
20c	. 1	Property, I	homeowner's, or renter's insurance	20	c.	\$	0.00
20d	. 1	Maintenar	nce, repair, and upkeep expenses	200	d.	\$	0.00
			er's association or condominium dues	200	e.	\$	0.00
		Specify:				+\$	0.00
. Ош	CI.	opecity.			١.	-Ψ	0.00
. Cal	cul	late your	monthly expenses				
22a	. A	dd lines 4	through 21.			\$	2,351.00
22b	. C	opv line 2	2 (monthly expenses for Debtor 2), if any, from Officia	al Form 106J-2		\$,
			a and 22b. The result is your monthly expenses.			\$	2,351.00
220	. ^	uu iii le 22	a and 22b. The result is your monthly expenses.			Ψ	2,351.00
. Cal	cul	late your	monthly net income.			•	
		-	12 (your combined monthly income) from Schedule I.	23a	a.	\$	2,255.00
			monthly expenses from line 22c above.	231		·	2,351.00
_00		p , jour		201			2,001.00
230		Subtract v	our monthly expenses from your monthly income.				
200			is your <i>monthly net income</i> .	230	c.	\$	-96.00
For	exa ifica	imple, do yo ation to the	an increase or decrease in your expenses within to expect to finish paying for your car loan within the year or terms of your mortgage?				se or decrease because of a
			Fundain house				
	es	S.	Explain here:				

Fill in this informa	ation to identify your	case:					
Debtor 1	Michael W Kaul						
Debtor 2	First Name	Middle Name	Last	Name			
(Spouse if, filing)	First Name	Middle Name	Last	Name			
United States Bank	kruptcy Court for the:	EASTERN DISTRICT OF V	VISCONS	SIN			
Case number							
(if known)						☐ Check if this is a amended filing	n
Official Form	-				_		
Declarati	on About a	<u>ın Individual D</u>	<u>ebto</u>	or's Schedu	les		12/15
If two married peo	pple are filing togethe	r, both are equally responsi	ble for su	upplying correct inform	ation.		
You must file this	form whenever you fi	le bankruptcy schedules or	amende	d schedules. Making a	false state	ement, concealing property	. or
obtaining money	or property by fraud in	n connection with a bankrup					
years, or both. 18	U.S.C. §§ 152, 1341, 1	519, and 3571.					
0:	Delesso						
Sign	Below						
Did you pay	or agree to pay some	one who is NOT an attorney	to help	you fill out bankruptcy	forms?		
■ No							
☐ Yes. Na	ame of person					kruptcy Petition Preparer's N	
				Ε	Declaration	, and Signature (Official Forr	n 119)
Under penalty	y of perjury, I declare	that I have read the summa	ry and so	chedules filed with this	declaration	on and	
that they are	true and correct.						
X /s/ Micha			_ X				
Michael Signature	W Kaul of Debtor 1			Signature of Debtor 2			
Date Ju	ıne 14, 2019		_	Date			

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fill i	n this inforn	nation to identify you	r case:			
Debt		Michael W Kaul				
DCD	101 1	First Name	Middle Name	Last Name		
	tor 2 ise if, filing)	First Name	Middle Name	Last Name		
	, 0,					
Unite	ed States Ba	nkruptcy Court for the:	EASTERN DISTRICT OF	WISCONSIN		
Case (if kno	e number				-	heck if this is an mended filing
Sta Be as	s complete a	of Financial	attach a separate sheet to	re filing together, both are	ankruptcy equally responsible for sup y additional pages, write you	
Part			arital Status and Where You	Lived Before		
1.	what is you	r current marital statu	IS?			
	☐ Married■ Not mar	rried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	at all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>ı</i> .	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory ico, Texas, Washington and W	
		•	hedule H: Your Codebtors (Of	ificial Form 106H).		
Part	2 Explai	n the Sources of You	r Income			
	Fill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No ■ Yes Fill	in the details.				
		ino dotano.	D. (D.1.	
			Debtor 1	Gross income	Debtor 2	Grace income
			Sources of income Check all that apply.	(before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$17,980.32	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor	1 <u>Mi</u>	chael W K	aul		Case number (if known)						
				Debtor 1				Del	otor 2		
				Sources of Check all tha		(befo	s income re deductions and sions)	Sou	rces of inceck all that a		Gross income (before deductions and exclusions)
		dar year: December	31, 2018)	■ Wages, o	commissions,		\$37,539.0		Vages, con uses, tips	nmissions,	
				☐ Operating	g a business				Operating a	business	
		dar year bet December		■ Wages, o	commissions,		\$45,255.0		Vages, con uses, tips	nmissions,	
				☐ Operating	g a business				Operating a	business	
wii	nnings. st each s	lf you are fili	ng a joint cas	se and you hav	ve income that y	you rece	dends; money co ived together, list not include incom	it only on	ce under D	ebtor 1.	d gambling and lottery
				Dahtand				Dal	.4 0		
				Debtor 1 Sources of Describe bel		each (befo	s income from source re deductions and sions)	Sou	otor 2 orces of inc ocribe below		Gross income (before deductions and exclusions)
		dar year bei December		Income fro	m Bowling		\$1,324.0	0			
Part 3:	List	Certain Pa	vments You	Made Before	You Filed for I	Bankrur	ntcv				
6. Ar	e eithei No.	Debtor 1's Neither De individual p During the No. Yes * Subject	or Debtor 2 ebtor 1 nor Debtor 1 nor Debtor 1 nor Debtor 2 ebtor 1 nor Debtor 2 ebtor 1 nor Debtor 3 ebtor 2 not line 7 List below 6 paid that crunot include 1 ebtor 3 not include 1 ebtor 4 not include 1	's debts prim Debtor 2 has p a personal, fam ore you filed fo '. each creditor to editor. Do not payments to a t on 4/01/22 an	arily consumer orimarily consunity, or household repart of the consumer of the	r debts? umer de ld purpos d you pa d a total ats for do his bank s after th	bts. Consumer dese." ay any creditor a to of \$6,825* or moomestic support or ruptcy case. at for cases filed	total of \$6 ore in one bligations	,825* or mo or more pa , such as cl	re? yments and the	1(8) as "incurred by an he total amount you and alimony. Also, do
•	res.				orimarily consu r bankruptcy, di		ots. ay any creditor a t	total of \$6	00 or more	?	
		■ No. □ Yes	include pay	each creditor to	nestic support of		of \$600 or more s, such as child s				t creditor. Do not include payments to an
С	reditor'	's Name and	d Address	E	Dates of payme	ent	Total amount paid		ount you still owe	Was this p	payment for

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

7.	Within 1 year before you filed for bankruptour Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any gen control, or owner of 20% o	eral partners; partner r more of their voting	ships of which yo securities; and ar	u are a general partner; corporations ny managing agent, including one for
	No☐ Yes. List all payments to an insider.				
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cost		ments or transfer ar	ny property on a	ccount of a debt that benefited an
	No☐ Yes. List all payments to an insider				
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Pa	rt 4: Identify Legal Actions, Repossession	ns. and Foreclosures	paid		morado ordanor o marrio
9.	Within 1 year before you filed for bankrupte. List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.				
	Case title Case number	Nature of the case	Court or agency		Status of the case
	Cherry Creek Mortgage Co Inc vs Michael Kaul 18CV000667	Foreclosure	Outagamie Cou Courts 320 S Walnut St Appleton, WI 54	reet	■ Pending □ On appeal □ Concluded
	One Main Financial Of Wisconsin vs Michael Kaul 18SC001964	Money Judgement	Outagamie Cou Courts 320 S Walnut St Appleton, WI 54	reet	☐ Pending ☐ On appeal ☐ Concluded
	Capital One Bank Usa N A vs Michael Kaul 18SC001311	Money Judgement	Outagamie Cou Courts 320 S Walnut St Appleton, WI 54	reet	☐ Pending ☐ On appeal ☐ Concluded
	Community First Credit Union vs Michael Kaul 18SC000202	Money Judgement	Calumet County Courts 206 Court St. Chilton, WI 5301		□ Pending□ On appeal■ Concluded
	Community First Credit Union vs Michael Kaul 18SC000216	Judgement for Replevin	Calumet County Courts 206 Court St. Chilton, WI 5301		☐ Pending ☐ On appeal ☐ Concluded
	Midland Funding Llc vs Michael Kaul 18SC000522	Money Judgement	Outagamie Cou Courts 320 S Walnut St Appleton, WI 54	reet	☐ Pending ☐ On appeal ■ Concluded

Case number (if known)

Official Form 107

Debtor 1 Michael W Kaul

Statement of Financial Affairs for Individuals Filing for Bankruptcy

10.	Within 1 year before you filed for banks. Check all that apply and fill in the details be	ruptcy, was any of your property repossessed, foreclosed below.	d, garnished, attache	d, seized, or levied?
	□ No. Go to line 11.			
	Yes. Fill in the information below.			
	Creditor Name and Address	Describe the Property	Date	Value of the property
		Explain what happened		11 ,
	Community First Credit Union Attn: Bankruptcy PO Box 1487 Appleton, WI 54912	Mr. Kaul surrendered a 2012 Chevrolet Equinox to Community First Credit Union. A deficient balance is owed to Community First Credit Union.	02/2019	\$4,850.00
		■ Property was repossessed.□ Property was foreclosed.□ Property was garnished.		
		☐ Property was attached, seized or levied.		
	■ No □ Yes. Fill in the details. Creditor Name and Address	Describe the action the creditor took	Date action was	Amount
			taken	
12.	court-appointed receiver, a custodian, No Yes	ruptcy, was any of your property in the possession of an or another official?	assignee for the ben	ent of creditors, a
Pai	t 5: List Certain Gifts and Contribution	ons		
13.	No	kruptcy, did you give any gifts with a total value of more t	than \$600 per person	?
	Yes. Fill in the details for each gift.			
	Gifts with a total value of more than \$ per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift an Address:	d		
14.	Within 2 years before you filed for band No Yes. Fill in the details for each gift or	kruptcy, did you give any gifts or contributions with a total	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co	total Describe what you contributed	Dates you contributed	Value
Pai	t 6: List Certain Losses			
15.		ruptcy or since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,
	■ No □ Yes. Fill in the details.			
	Describe the property you lost and	Describe any insurance coverage for the loss	Date of your	Value of property
	how the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	loss	lost

Case number (if known)

Official Form 107

Debtor 1 Michael W Kaul

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Deb	Debtor 1 Michael W Kaul		Case number (if known)			
Part	7:	List Certain Payments or Transfers				
	consu	n 1 year before you filed for bankruptcy, di ulted about seeking bankruptcy or preparional le any attorneys, bankruptcy petition preparer	ng a bankruptcy petition?			rty to anyone you
		No				
		Yes. Fill in the details.				
	Addr Emai	on Who Was Paid ress il or website address on Who Made the Payment, if Not You	Description and value of any propertransferred	erty	Date payment or transfer was made	Amount of payment
	2600 Suite Milw	t Advisors, S.C.) N. Mayfair Road e 700 vaukee, WI 53226 v.debtadvisors.com	Attorney Fees		March 2019	\$1,165.00
	1916 Chic	eySharp Credit Counseling Inc. 5 N. Fairfield Ave Suite 200 cago, IL 60647 v.moneysharp.org	Credit Counseling		October 2018	\$10.00
	wwv	v.moneysnarp.org				
	promi	n 1 year before you filed for bankruptcy, di ised to help you deal with your creditors o it include any payment or transfer that you list No Yes. Fill in the details.	r to make payments to your creditors		r transfer any prope	rty to anyone who
	Pers Addr	on Who Was Paid ress	Description and value of any proper transferred	erty	Date payment or transfer was made	Amount of payment
	transi Includ includ	n 2 years before you filed for bankruptcy, of ferred in the ordinary course of your busing the both outright transfers and transfers made are gifts and transfers that you have already lissolved. Yes. Fill in the details.	ess or financial affairs? as security (such as the granting of a se			
	Pers Addr	on Who Received Transfer ress	Description and value of property transferred		ny property or received or debts hange	Date transfer was made
	Pers	on's relationship to you				
	benef	n 10 years before you filed for bankruptcy, iiciary? (These are often called asset-protect No		elf-settled tru	st or similar device	of which you are a
		es. Fill in the details.		<u>-</u>		
	Nam	e of trust	Description and value of the prope	erty transferre	ed	Date Transfer was made

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Michael W Kaul Case number (if known)

Par	t 8:	List of Certain Financial Accounts, In	strur	ments, Safe Depos	sit Boxes, and St	orage Unit	ts				
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.										
	■ No □ Yes. Fill in the details.										
		me of Financial Institution and dress (Number, Street, City, State and ZIP		Last 4 digits of Type of account or account number instrument		unt or	Date account was closed, sold, moved, or transferred		Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?										
		No									
		Yes. Fill in the details.									
		me of Financial Institution dress (Number, Street, City, State and ZIP Code)		Who else had at Address (Number, State and ZIP Code)		Describe	the contents		Do you still have it?		
22.	Hav	e you stored property in a storage unit	or pla	ace other than you	ur home within 1	year before	re you filed for bankrupt	cy?	,		
		No									
		Yes. Fill in the details.									
		me of Storage Facility dress (Number, Street, City, State and ZIP Code)		Who else has or to it? Address (Number, State and ZIP Code)		Describe	the contents		Do you still have it?		
Por	t 9:	Identify Property Voy Hold or Centre	l for G	,							
rai	ι 9.	Identify Property You Hold or Control	1 101 3	Someone Eise							
23.	,	you hold or control any property that so someone.	omeo	ne else owns? Inc	clude any proper	ty you bor	rowed from, are storing	for,	or hold in trust		
		No									
		Yes. Fill in the details.									
	_	ner's Name dress (Number, Street, City, State and ZIP Code)		Where is the pro (Number, Street, City Code)		Describe	the property		Value		
Par	t 10:	Give Details About Environmental Inf	forma	ntion							
		_									
For	the p	ourpose of Part 10, the following definit	ions	apply:							
	toxi	rironmental law means any federal, state c substances, wastes, or material into t ulations controlling the cleanup of thes	the ai	r, land, soil, surfa	ce water, ground	• .	•				
	Site	means any location, facility, or propert own, operate, or utilize it, including disp	ty as	defined under any		aw, wheth	ner you now own, operat	e, o	r utilize it or used		
	Haz	rardous material means anything an envarious material, pollutant, contaminant	vironi	mental law defines	s as a hazardous	waste, ha	azardous substance, tox	ic s	ubstance,		
Ren	ort a	II notices, releases, and proceedings th	nat vo	u know about red	nardless of when	they occi	urred				
-		any governmental unit notified you that	•			-			ntal law?		
24 .	паз	, ,	ii you	i illay be liable of	potentially liable	unuer or i	iii violation of an environ	IIIIC	iitai iaw :		
		No Yes. Fill in the details.									
	Na	me of site dress (Number, Street, City, State and ZIP Code)		Governmental u	nit Street, City, State and		onmental law, if you		Date of notice		
		, , , ,		ZIP Code)	, , , , , , , , , , , , , , , , , , ,						

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Michael W Kaul Case number (if known)

25.	Have you notified any governmental unit or	f any release of hazardous material?						
	No							
	☐ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or ad	ministrative proceeding under any envi	ronmental law? Include settlements	and orders.				
	■ No □ Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	t 11: Give Details About Your Business or	Connections to Any Business						
27.	Within 4 years before you filed for bankrup	tcy, did you own a business or have an	y of the following connections to an	y business?				
	■ A sole proprietor or self-employed	in a trade, profession, or other activity,	either full-time or part-time					
	☐ A member of a limited liability com	pany (LLC) or limited liability partnershi	ip (LLP)					
	☐ A partner in a partnership							
	☐ An officer, director, or managing ex	xecutive of a corporation						
	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	■ No. None of the above applies. Go to Part 12.							
	Yes. Check all that apply above and fill in the details below for each business.							
	Business Name Describe the nature of the		Employer Identification numbe	r				
	Address (Number, Street, City, State and ZIP Code)		Do not include Social Security number or ITIN.					
	(Number, Street, Sity, State and 211 Sode)	Name of accountant or bookkeeper	Dates business existed					
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties.	tcy, did you give a financial statement t	o anyone about your business? Incl	ude all financial				
	■ No							
	Yes. Fill in the details below.							
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued						
Par	t 12: Sign Below							
I hav	ve read the answers on this Statement of Fittue and correct. I understand that making a a bankruptcy case can result in fines up to I.S.C. §§ 152, 1341, 1519, and 3571.	false statement, concealing property,	or obtaining money or property by fra					
	Michael W Kaul							
	chael W Kaul nature of Debtor 1	Signature of Debtor 2						
Dat	e June 14, 2019	Date						
Did ■ N	you attach additional pages to <i>Your Statem</i>	ent of Financial Affairs for Individuals F	Filing for Bankruptcy (Official Form 1	07)?				
- ∖	•							
Did ■ N	you pay or agree to pay someone who is no lo	ot an attorney to help you fill out bankru	ptcy forms?					
Offici	al Form 107 Stater	nent of Financial Affairs for Individuals Filing	for Bankruptcy	page				

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Best Case Bankruptcy

Debtor 1 Michael W Kaul		Case number (if known)
□ Yes Nar	ne of Person . Attach the Bankruptcy Petition Preparer's Notice, Declar	ration, and Signature (Official Form 119)

Fill in	this information to identify your case:						rected in this form and	in Form
Debt	or 1 Michael W Kaul				22A-1S	supp:		
Debt (Spou	or 2				1 .	There is no presu	umption of abuse	
	ed States Bankruptcy Court for the: Eastern District of	Wiscon	nsin		□ 2. °	applies will be m	o determine if a presur nade under <i>Chapter 7 i</i> cial Form 122A-2).	
(if kno	e number wn)				Пз	`	does not apply now be	acause of
					- 0.		service but it could ap	
					□ C	neck if this is a	n amended filing	
Off	icial Form 122A - 1							
Ch	apter 7 Statement of Your Cur	rent	t Mor	nthly Inc	com	ie		12/15
attach case i	complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to whomber (if known). If you believe that you are exempted from ying military service, complete and file Statement of Exempted: Calculate Your Current Monthly Income	hich the	e addition sumption	nal information of abuse beca	applie:	s. On the top of ar	y additional pages, writ narily consumer debts o	te your name and or because of
1.	What is your marital and filing status? Check one or	ıly.						
	Not married. Fill out Column A, lines 2-11.							
	☐ Married and your spouse is filing with you. Fill ou				s 2-11.			
	☐ Married and your spouse is NOT filing with you.		-	-				
	☐ Living in the same household and are not lega					•		
	☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evadir	egally s	eparated	d under nonba	nkrupt	cy law that applie	es or that you and your	
10 the	I in the average monthly income that you received from all 1(10A). For example, if you are filing on September 15, the 6-me 6 months, add the income for all 6 months and divide the total ouses own the same rental property, put the income from that p	onth per by 6. Fil	riod would Il in the re	be March 1 throsult. Do not inclu	ough Au ude any	gust 31. If the amo income amount me	unt of your monthly incomore than once. For examp	ne varied during le, if both
						mn A t or 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and co	mmissio	ons (before al	\$	2,853.87	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	payme	nts from	a spouse if	\$	0.00	\$	
4.	All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3.	Include I, your o	e regular depende	contributions nts, parents,		0.00	\$	
5.	Net income from operating a business, profession,	or farm		44				
		\$	0.00	otor 1				
	Gross receipts (before all deductions)	-\$	0.00					
	Ordinary and necessary operating expenses Net monthly income from a business, profession, or fari	· —		Copy here -:	> \$	0.00	\$	
6.	Net income from rental and other real property	Ψ		.,	<i>-</i>		·	
3.	and only is a property		Deb	otor 1				
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from rental or other real property	\$	0.00	Copy here -:	>\$	0.00	\$	

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

0.00

\$

page 1

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7. Interest, dividends, and royalties

ebtor 1	Michael W Kaul	Case number (if known)	

								_
				Column A Debtor 1		Column B Debtor 2 or non-filing s		
8.	Unemployment compensation			\$	0.00	\$		
	Do not enter the amount if you contend that the amoun the Social Security Act. Instead, list it here:	t received was a benef	it under	· 				
		0.0	00					
	For you \$ For your spouse \$							
9.	Pension or retirement income. Do not include any an penefit under the Social Security Act.	nount received that wa	s a	\$	0.00	\$		
10.	Income from all other sources not listed above. Specific not include any benefits received under the Social Specieved as a victim of a war crime, a crime against hurdomestic terrorism. If necessary, list other sources on a total below.	Security Act or paymen manity, or international a separate page and pu	ts or	\$	0.00	\$		
				\$	0.00	\$		
	Total amounts from separate pages, if any.			\$	0.00	\$		
	, , ,				1			
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the to		\$	2,853.87	+		= \$ 2,853.87	
							Total current monthly income	
Part	Determine Whether the Means Test Applies t	o You						
12.	Calculate your current monthly income for the year	Follow these steps:						
	12a. Copy your total current monthly income from line	11		Сору	line 11 h	nere=>	\$\$	
	Multiply by 12 (the number of months in a year)						x 12	
	12b. The result is your annual income for this part of th	e form				12b.	\$34,246.44	
13.	Calculate the median family income that applies to	you. Follow these step	s:					
	Fill in the state in which you live.	WI						
	Fill in the number of people in your household.	3						
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go		pecified	in the separa	te instruc	13.	\$81,447.00	
	for this form. This list may also be available at the bank	•	, , , , , , , , , , , , , , , , , , ,	σοραια				ı
14.	How do the lines compare?							
	14a. Line 12b is less than or equal to line 13. C Go to Part 3.	on the top of page 1, ch	eck box	1, There is r	o presum	ption of abuse	9.	
	14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	of page 1, check box 2,	The pre	esumption of	abuse is (determined by	Form 122A-2.	
Part	Sign Below							
	By signing here, I declare under penalty of perjury	that the information or	n this sta	atement and i	n any atta	achments is tru	ue and correct.	-
	X /s/ Michael W Kaul							
	Michael W Kaul							
	Signature of Debtor 1							
	Date <u>June 14, 2019</u> MM / DD / YYYY							
	If you checked line 14a, do NOT fill out or file Forr	m 122A-2.						
	If you checked line 14b, fill out Form 122A-2 and f							
	" you oncored line 140, till out Form 122A-2 driu i	iio it with this iUlli.						

Official Form 122A-1

Fill in this inform	nation to identify your o	ase:		
Debtor 1	Michael W Kaul			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the:	EASTERN DISTR	RICT OF WISCONSIN	
Case number				
(if known)				☐ Check if this is an
				amended filing
Official Fo	rm 108			
Statemer	nt of Intention	n for Indiv	iduals Filing Under Chapt	er 7 12/15
M	. dalual filia a dan aban	7	Il and this form if	
	vidual filing under chap claims secured by you	-	ii out this form it:	
_	ed personal property a		not expired.	
You must file this	s form with the court wi	ithin 30 days after	you file your bankruptcy petition or by the date set time for cause. You must also send copies to the	
on the f		e court exterius tri	le time for cause. Fou must also send copies to the	ne creditors and lessors you list
If two married pe	ople are filing together	in a joint case, bo	oth are equally responsible for supplying correct	information. Both debtors must
sign an	d date the form.	•		
			s needed, attach a separate sheet to this form. Or	n the top of any additional pages,
write yo	our name and case num	iber (if Known).		
Part 1: List Yo	our Creditors Who Have	Secured Claims		
		rt 1 of Schedule D	2: Creditors Who Have Claims Secured by Proper	ty (Official Form 106D), fill in the
information be Identify the cre	elow. editor and the property th	at is collateral	What do you intend to do with the property that	
			secures a debt?	as exempt on Schedule C?
	herry Creek Mtg Co I	n	☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	■ Yes
Description of	1306 Berken St App		Retain the property and enter into a Reaffirmation Agreement.	_ 100
property	54915 Outagamie (County	☐ Retain the property and [explain]:	
securing debt:				<u> </u>
			_	_
Creditor's S aname:	antander Consumer	USA	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
			Retain the property and redeem it. Retain the property and enter into a	Yes
	2015 Ford Fusion 4	6,000 miles	Reaffirmation Agreement.	
property securing debt:			☐ Retain the property and [explain]:	
scouring debt.				<u> </u>

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 1

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Best Case Bankruptcy

Debtor 1 Michael W Kaul	Case number (if known)
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention about any property that is subject to an unexpired lease.	y property of my estate that secures a debt and any personal
X /s/ Michael W Kaul Michael W Kaul Signature of Debtor 1	nature of Debtor 2
Date Date	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

United States Bankruptcy Court Eastern District of Wisconsin

In r	re Michael W Kaul		Case No).	
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPE	ENSATION OF ATTOR	NEY FOR D	DEBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 compensation paid to me within one year before the filit be rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy, o	r agreed to be pa	id to me, for service	
	For legal services, I have agreed to accept		. \$	1,165.00	
	Prior to the filing of this statement I have received			1,165.00	
	Balance Due		. \$	0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	 ■ I have not agreed to share the above-disclosed compensation □ I have agreed to share the above-disclosed compensation □ copy of the agreement, together with a list of the national copy. 	sation with a person or persons what ames of the people sharing in the c	o are not membe ompensation is a	ers or associates of national tracked.	•
5.	 In return for the above-disclosed fee, I have agreed to real. a. Analysis of the debtor's financial situation, and rendered to the preparation and filing of any petition, schedules, state. c. Representation of the debtor at the meeting of credit d. Representation of the debtor in adversary proceeding. e. [Other provisions as needed] 	lering advice to the debtor in deter tement of affairs and plan which n tors and confirmation hearing, and	mining whether t nay be required; any adjourned h	to file a petition in b	vankruptcy;
6.	By agreement with the debtor(s), the above-disclosed for	ee does not include the following s	ervice:		
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of a bankruptcy proceeding.	ny agreement or arrangement for p	ayment to me for	r representation of the	he debtor(s) in
	June 14, 2019	/s/ David Pietrek			
	Date	David Pietrek			
		Signature of Attorney Debt Advisors, SC 2600 N. Mayfair Ro Suite 700 Milwaukee, WI 532	26		
		414-755-2400 Fax Name of law firm	414-257-0172		
		J J .			

United States Bankruptcy Court Eastern District of Wisconsin

In re	Michael W Kaul		Case No.	
		Debtor(s)	Chapter	7
	VER	MATRIX		
The abo	ove-named Debtor hereby verifie	s that the attached list of creditors is true and c	orrect to the best	of his/her knowledge.
Date:	June 14, 2019	/s/ Michael W Kaul		
		Michael W Kaul		

Signature of Debtor

Affinity Medical Group PO Box 14099 Belfast, ME 04915

Affinity Medical Group Ministry Health Care 1550 Midway PL Menasha, WI 54952

Affinity Medical Group-Oshkosh 2725 Jackson St Oshkosh, WI 54901

American Profit Recovery Attn: Bankruptcy 34505 W 12 Mile Road #333 Farmington Hills, MI 48331

Ascension Medical Group 1855 S Koeller St Oshkosh, WI 54902

Ascension Wisconsin PO Box 856956 Minneapolis, WI 55485

Blitt & Gaines, PC c/o David Olefsky 250 E. Wisconsin Ave., 18th Floor Milwaukee, WI 53202

Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130

Capital One PO Box 6492 Carol Stream, IL 60197-6492

Capital One, N.A Capital One Bank (USA) N.A. Po Box 30285 Salt Lake City, UT 84130

Cherry Creek Mtg Co In 1 Corporate Dr Ste 360 Lake Zurich, IL 60047

Citibank NA
Bankruptcy Department
701 E 60th St. North
Sioux Falls, SD 57117

Comenity Capital Bank PO Box 5138 Lutherville Timonium, MD 21094

Community First Credit Union Attn: Bankruptcy PO Box 1487 Appleton, WI 54912

Community First Credit Union PO Box 1487
Appleton, WI 54914

Credit One Bank PO Box 60500 City of Industry, CA 91716-0500

Credit One Bank PO BOX 98873 Las Vegas, NV 89193

Credit Systems of Fox Valley Attn: Bankruptcy 630 South Green Bay Rd. Neenah, WI 54956

David Olefsky Blitt and Gaines PC 661 Glenn Ave Wheeling, IL 60090

Dobberstein Law Firm, LLC c/o Atty Meghan Mackelly P.O. Box 470 Brookfield, WI 53008

First Premier Bank Attn: Bankruptcy PO Box 5524 Sioux Falls, SD 57117

Internal Revenue Service PO Box 7346 Bankruptcy Philadelphia, PA 19101-7346

Internal Revenue Service 211 W. Wisconsin Ave. MS 5301 MIL Milwaukee, WI 53203-2221

Jn Portfolio Debt Equities, LLC Attn: Bankruptcy 5757 Phantom Dr. Ste 225 Hazelwood, MO 63042

John Schenian 1135 Nuthatch Lane Neenah, WI 54956

Kohn Law Firm, S.C. 735 N. Water St. Suite 1300 Milwaukee, WI 53202

LVNV Funding c/o Messerli & Kramer PA 3033 Campus Drive Suite 250 Minneapolis, MN 55441

LVNV Funding PO BOX 10497 Greenville, SC 29603

LVNV Funding/Resurgent Capital Attn: Bankruptcy Po Box 10497 Greenville, SC 29603

Macy's PO Box 78008 Phoenix, AZ 85062

Mercury Card/fb&t PO Box 84064 Columbus, GA 31908

Mercy Medical Center PO Box 8039 Appleton, WI 54912-8039

Mercy Medical Center 500 S. Oakwood Rd. Oshkosh, WI 54904

Messerli & Kramer c/o Atty Jillian Walker 3033 Campus Drive Suite 250 Plymouth, MN 55441-2662

Messerli & Kramer 3033 Campus Drive Suite 250 Plymouth, MN 55441-2662

Midland Funding 2365 Northside Dr Ste 300 San Diego, CA 92108

Midland Funding LLC 2365 Northside Dr Suite 300 San Diego, CA 92108 Midland Funding LLC c/o Attorney Joseph Robert Johnson Kohn Law Firm SC 735 N. Water St. Suite 1300 Milwaukee, WI 53202

Midland Funding LLC c/o AttorneyTyler Helsel Kohn Law Firm Sc 735 N. Water St. #1300 Milwaukee, WI 53202

Navient Attn: Bankruptcy PO Box 9000 Wiles-Barr, PA 18773

NCB Management Services Attn: Bankruptcy One Allied Drive Trevose, PA 19053

Neuroscience Group Of NE Wisconsin 1305 W. American Dr. Neenah, WI 54956

One Main Financial Bankruptcy Dept. PO Box 3251 Evansville, IN 47731

One Main Financial 510 Koeller Street Oshkosh, WI 54902

Opportunity Financial 130 E Randolph St, Suite 1650 Chicago, IL 60601

Opportunity Financial, LLC 130 East Randolph Street Suite 3400 Chicago, IL 60601

PDO Financial d/b/a Rise Credit 4150 International Plaza Ste 300 Fort Worth, TX 76101

Portfolio Recovery PO Box 41021 Norfolk, VA 23541 Resurgent Capital Services LP PO Box 10465 Greenville, SC 29603

Rise

ATTN: Customer Service PO Box 101808 Fort Worth, TX 76185

Santander Consumer USA P.O. Box 961245 Fort Worth, TX 76161

Storm - The Lawn Pro of The Fox Cities L W7344 Winnegamie Dr. Appleton, WI 54914

Synchrony Bank PO Box 960061 Orlando, FL 32896-0061

Target Card Services Mail Stop NCB-0461 Minneapolis, MN 55440

Target PO Box 038994 Tuscaloosa, AL 35403

Theda Care
Box 880694
Milwaukee, WI 53288-0694

ThedaCare
PO BOX 8003
Appleton, WI 54912-8003

ThedaCare
Box 880810
Milwaukee, WI 53288-0810

ThedaCare Inc. PO Box 8003 Appleton, WI 54912

Van Lieshout Law Office c/o Atty Amanda Keitel PO Box 186 Little Chute, WI 54140

Visa Dept Store National Bank/Macy's Attn: Bankruptcy PO Box 8053 Mason, OH 45040

We Energies Attn: Bankruptcy PO Box 2046 Milwaukee, WI 53201

Wisconsin Department of Revenue Special Procedures Unit PO BOX 8901 Madison, WI 53708-8901